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CONFIRMATION NO. 5019

SERIAL NUMBER 10/813,355	FILING OR 371(c) DATE 03/30/2004 RULE	CLASS 623	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. 5490-000378		
APPLICANTS Joel C. Higgins, Claypool, IN; ** CONTINUING DATA ***** none ** FOREIGN APPLICATIONS ***** none						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/19/2004						
Foreign Priority claimed 35 USC 119 (a-d) conditions met. Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY IN	SHEETS DRAWING 2	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 3
ADDRESS 27572						
TITLE Methods and apparatuses for enhancing prosthetic implant durability						
FILING FEE RECEIVED 1274	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		